



# HEALTH AND DEPUTY HEALTH OFFICER APPOINTMENT FORM

## Application Information:

Health Officer (HO) \_\_\_\_\_ New Appointment \_\_\_\_\_ Renewal  
Deputy Health Officer (DHO) \_\_\_\_\_ New Appointment \_\_\_\_\_ Renewal

**Please complete the form in its entirety.** The information requested is vital to ensure the ability of the New Hampshire Division of Public Health Services (DPHS) to communicate with Health and Deputy Health Officers during local or statewide emergencies. **Please note that appointment terms are three years and that Deputy Health Officer terms will run concurrently with the Health Officers.**

### Town Information

Town: \_\_\_\_\_  
County: \_\_\_\_\_  
Town Manager/Administrator Name: \_\_\_\_\_  
Email: \_\_\_\_\_

### Deputy/Health Officer Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Municipal Mailing Address: \_\_\_\_\_  
Home Mailing Address: \_\_\_\_\_

### Board of Selectmen Information

Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Preferred Mailing Address: ☐ Municipal ☐ Home  
Public Phone: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Night time Phone (emergency only): \_\_\_\_\_  
Fax: \_\_\_\_\_  
Primary Email: \_\_\_\_\_

If the Board of Selectmen (BOS) is serving as Health Officer, under BOS above, please identify one (1) person to serve as the contact with DPHS. Also, please list that person's home mailing address and day/evening phone numbers as requested.

**This information is private and will not be released to, or shared with outside entities**

### Occupation-Check One

- ☐ MD
- ☐ PA
- ☐ Nurse/NP
- ☐ Other Health Professional
- ☐ EMT/Paramedic
- ☐ Code Enforcement/Building Inspector
- ☐ Town Administrator/Manager
- ☐ Town Welfare Officer
- ☐ Member – Board of Selectmen
- ☐ Police
- ☐ Fire
- ☐ Licensed Septic System Design/Installer
- ☐ Other

### Position Type – Check One

- ☐ Full time municipal employee as HO/DHO only
- ☐ Full time municipal employee with other responsibilities
- ☐ Per Diem
- ☐ Volunteer
- ☐ Part-time as HO/DHO only

### Education Level –Check One

- ☐ High School/GED
- ☐ Associates Degree
- ☐ Bachelors Degree
- ☐ Masters Degree
- ☐ JD
- ☐ Other Doctoral Degree

**Deputy/Health Officer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Current Health Officer Signature (for deputy appointments ONLY):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Board of Selectmen Signatures:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **RETURN COMPLETED FORM TO:**

Jessica Morton, Health Officer Liaison  
Division of Public Health Services  
Bureau of Health Protection  
29 Hazen Drive / Concord, NH 03301-6504  
**FAX:** 271-3991 / **EMAIL:** Jessica.Morton@dhhs.state.nh.us

### **For State Office Use Only**

**Appointment Date:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_ **New appt. (N) or Re-appt. (R):** \_\_\_\_\_